



Attorney's Docket No.: 09991-014001

CYB3
SF
1/First -

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Robert PALIFKA et al.
Serial No. : 09/749,893
Filed : December 29, 2000
Title : INK JET PRINTING MODULE

Art Unit : 2863
Examiner : M. Nghiem

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT IN REPLY TO ACTION OF NOVEMBER 9, 2004

Please amend the above-identified application as follows:

01/31/2005 FMETEK11 00000005 09749893

01 FC:1201 600.00 OP

02/09/2005 TSTEPTOE 00000001 061050 09749893

01 FC:1202 100.00 DA

CERTIFICATE OF MAILING BY FIRST CLASS MAIL

I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1-25-05

Date of Deposit

Patricia Smith

Signature

Patricia Smith

Typed or Printed Name of Person Signing Certificate

REMARKS

Prior to this Amendment, the application included claims 29-33, 35-45, 48-52, 54-58, and 60-102. In this communication, we have amended claims 29 and 52, canceled claims 49, 62 and 101, and added previously presented claims 103-106. Accordingly, claims 29-33, 35-45, 48, 50-52, 54-61, 63-100, and 102-106 are presented, with claims 29, 44, 45, 52, 100, 102-104, and 106 being independent claims.

We thank the Examiner for his indication that claims 44, 45, 48, 50, 51, 54, 66-100, and 102 are allowed and that claims 35, 40-42, 49, and 62-64 would be allowed if rewritten in independent form including all the limitations of the base claim and any intervening claim.

The Examiner rejected independent claims 29 and 52 under 35 USC §102 as being anticipated by Moynihan et al. (US 6,755,511). Applicants have amended claim 29 to include the limitation of claim 49 and have amended claim 52 to include the limitation of claim 62, and request that the rejection of these claims under 35 USC §102 be withdrawn.

Added claims 103-106 were previously presented as claims 35, 40, 41, and 54, respectively, and are written in independent form including the limitations of the base claims and any intervening claims.

Applicants submit that all pending claims are in condition for allowance, which action is requested.

Enclosed is a \$600 check for excess claim fees. Please apply any other charges or credits to deposit account 06-1050.

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Respectfully submitted,

Date: 1/28/2005


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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

091749893

CLAIMS AS FILED - PART I

(Column 1)	(Column 2)
TOTAL CLAIMS	
FOR	NUMBER FILED
TOTAL CHARGEABLE CLAIMS	minus 20 = *
INDEPENDENT CLAIMS	minus 3 = *
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

2-5-05 CLAIMS AS AMENDED - PART II

(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA
Total	11	Minus 69 = 0
Independent	10	Minus 7 = 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>

(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA
Total	Minus	=
Independent	Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>

(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA
Total	Minus	=
Independent	Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	395.00	OR BASIC FEE	790.00
X 25		X 50	
X 100		X 200	
+180		+360	
TOTAL		TOTAL	

OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X 25		X 50	100
X 100		X 200	600
+180		+360	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X 25		X 50	
X 100		X 200	
+180		+360	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X 25		X 50	
X 100		X 200	
+180		+360	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in column 1.